

South St. Paul Schools 2025 Medical Plan Comparison

In Network Benefits	\$500-\$35 Co-pay Plan	\$1,500-\$35 Co-pay Plan	\$3,300 HSA RxPlus Plan
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Calendar Year Deductible	\$500 per member \$1,500 per family	\$1,500 per member \$4,500 per family	\$3,300 per member \$6,600 per family
Calendar Year Out-of-Pocket Maximum	\$1,500 per member \$3,000 per family	\$4,500 per member \$9,000 per family	\$5,400 per member \$10,800 per family
Preventative Care	100%	100%	100%
Vision: Routine Eye Exam	100%	100%	100%
Office Visit	\$35 co-pay	\$35 co-pay	You pay 20% after deductible
Convenience Care Retail Clinics	\$35 co-pay	\$35 co-pay	You pay 20% after deductible
Convenience Care Virtuwell online care	\$35 co-pay; 1 st 3 visits free	\$35 co-pay; 1 st 3 visits free	You pay 20% after deductible
Urgent Care Visit	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
ER Visit	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Hospital Services	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Retail Pharmacy (31 day supply)	Generic: \$12 Formulary: \$35 Non-formulary: \$50 Specialty Rx: You pay 20% to a \$200 maximum copay	Generic: \$12 Formulary: \$35 Non-formulary: \$50 Specialty Rx: You pay 20% to a \$200 maximum copay	You pay 20% after deductible Generic Preventive Rx: \$12 Brand Preventive Rx: \$45